Role-Confusion in Parent-Child Relationships: Assessing Mother's Representations and its Implications for Counselling and Psychotherapy Practice

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Abstract

The representational world of the mother has long been at the center of clinical discussions regarding the quality of parenting. However, assessing mother’s representation of role-confusion in her relation with her child has yet to be investigated, even if parent-child role-confusion can lead to maladaptive pathways. As part of a larger study we developed the Maternal Role-Confusion Scale (PARC) to assess role-confusion in the way a parent talks about her relationship with the child on the Experience of Caregiving Interview (ECI). The ECI, a semi structured interview probing the mothers’ representations of her relationship with her child (Solomon, J., & George, C. (1996). Defining the caregiving system: Toward a theory of caregiving. Infant Mental Health Journal, 17(3), 183-197), is very clinically relevant and parts of the interview can easily be adapted for use in counselling and psychotherapy settings. Here, we first define role-confusion, its socio-economic and family dynamic aspects, and its impact on child development and adulthood. We then present our Parental Role-Confusion coding Scale (PARC). Next we describe two profiles of role-confused mothers from our sample, as well as evidence validating these maternal responses as predictors of role-confused distortions in observed interactions with the child. We call attention to the dimension of sexualisation in the relationship, a high indicator of Role-Confusion. This emerging body of work points to the importance of being alert to indicators of role-confusion in the clinical setting. The findings can inform and enrich counselling and psychology practice by familiarizing clinicians with how to listen for indicators of role-confusion while talking with parents about their relationship with the child.

Keywords: role-confusion, parentification, narrative, parent-child relationship, internal model

Introduction

Parent-child role-confusion can lead to maladaptive pathways often linked with dysregulation of affect and others physiological subsystems and is mainly discussed by clinicians. Nevertheless, studies about these relational disturbances have not investigated the mother’s representation of role-confusion in her relation with her child. This important gap, in the measurement literature, needed to be addressed. This work was aimed to describe a measure of parental role-confusion, PARC (Parental Assessment of Role-Confusion), elaborated and validated against other role-confusion measures (AMBIANCE, Bronfman, Madigan, & Lyons-Ruth, 1992-2009; GPACS, Lyons-Ruth, Hennighausen, & Holmes, 2005; CHQ, Solomon & George, 1996) and provide examples of different profiles of role-confused mothers. The validation of this measure has already been published (see Vulliez-Coady, Obsuth, Torreiro-Casal, Ellertsdottir, & Lyons-Ruth, 2013). Here, we are more interested in its clinical and empirical utility and will focus on a more descriptive approach to inform and enrich counselling and psychotherapy practice. The
way people talk about themselves and about their relationships is at the heart of counselling and therapy, in the sense that all therapeutic work involves the telling of stories (McLeod, 1997).

Our focus is to address the importance of being alert to indicators of role-confusion in the clinical settings and offers tools for sharpening the eye of the clinician in making such evaluations.

We will first define role-confusion, its socio-economic and family dynamic aspects, and its impact on child development and adulthood. We then present our Parental Role-Confusion Coding Scale to examine how to identify role-confusion in the transcripts of mothers when asked to speak about their relationship with the child. Finally, we provide examples from interview transcripts and examine how the responses of the mother may help us discern these distortions in the relationship with the child.

What is Role-Confusion?

Parent-child role-confusion, also known as role reversal or parentification, refers to a variety of ways in which a child may be pressured to assume functions in the relationship usually assumed by the parent (Boszormenyi-Nagy & Krasner, 1986; Jurkovic, 1997). Our choice of the term role-confusion stems from the notion that parentification and role-reversal suggest completeness of the exchange of roles. Rather, we think that role-confusion more closely captures the wide variations in ways a parent abdicates and the child assumes responsibility (see Macfie, Brumariu, & Lyons-Ruth, 2015 for a critical review).

Authors have often disagreed on how to operationalise this construct. We include in the definition, emotional and instrumental support (help with housework and child care) for the parent, as well as functioning in the role of a spouse (Bifulco, Brown, & Harris, 1994; Earley & Cushway, 2002; Mika, Bergner, & Baum, 1987; Sessions & Jurkovic, 1986), and responsibilities that are inappropriate to the child's age. This shift in responsibility occurs because of the parent’s difficulties in carrying out appropriate parental tasks. They are unable to function in the protective role of caregiver, or to identify with a child’s subjective and developmental needs. Role-confusion is problematic in that it may interfere with the child’s investment in other appropriate developmental tasks.

Precursors of Role-Confusion and Resilience

While the importance of role-confusion in parent-child relationships was initially described by clinical observers, developmental researchers have also made headway in studying this concept. Using retrospective report measures with young adults, as well as observed interaction with peers or parents, a variety of studies have examined the family contexts related to role-confusion.

Studies using retrospective report measures indicate that adverse childhood experiences, specifically maternal mental and physical illness, low socio-economic status, divorce, single-parent family, child gender and birth order during childhood and infancy, are linked to role-confusion (Burkett, 1991; Earley, Cushway, & Cassidy, 2007; Fitzgerald et al., 2008; Mayseless, Bartholomew, Henderson, & Trinke, 2004; McMahon & Luthar, 2007; Tompkins, 2007; Walsh, Shulman, Bar-On, & Tsur, 2006). We propose that role-confusion has detrimental effects on development, only when the demands it places exceed the child’s ability to cope. It may have a positive effect when the demands are developmentally appropriate. When the parent’s difficulty lies in limited domains and does not impair the parent’s ability to act as a source of comfort and authority within the family setting, the effect may enhance rather than distort child development. If the involvement in caretaking activity is time-limited due to a benign, adaptive response to family crises, it is not as detrimental for the child (Godsall, Jurkovic, Emshoff, Anderson, &
Stanwyck, 2004). Moreover, cultural expectations may play a part. Different studies suggest that a distinction between instrumental and emotional role-confusion is important to assess. They also include notions of perceived satisfaction, fairness and self-esteem as moderator factors of the impact of role-confusion (McMahon & Luthar, 2007; Telzer & Fuligni, 2009). For example, although more role-confusion (instrumental and emotional) was reported by immigrant German adolescents than by native-born adolescents, more instrumental role-confusion was associated with increased self-efficacy in both groups. However, more instrumental role-confusion, together with less emotional role-confusion, was associated with exhaustion in the immigrant group (Titzmann, 2012). In those specific cultural settings, the child may be the only English speaker and may handle the family’s dealings with the larger world. Such instrumental help in the context of loving and authoritative parents may increase a child’s confidence, especially in collectivist cultures in which children helping parents may be more positively valued than in individualistic cultures (Birman & Taylor-Ritzler, 2007; Jurkovic et al., 2004; Kuperminc, Jurkovic, & Casey, 2009).

Impact of Role-Confusion From Childhood to Adulthood

So far, literature of role-confusion relies mainly on clinician descriptions and developmental research studies. Nevertheless a few studies have shown that role-confused children are more likely to develop somatic problems (Johnston, 1990) and show adverse physiological consequences, with effects on immune and inflammatory systems (Fuligni et al., 2009). A recent study also found that controlling-caregiving behaviour of the adolescent toward his/her parent was further related to borderline personality features and suicidality in young adulthood (Lyons-Ruth, Bureau, Holmes, Easterbrooks, & Brooks, 2013).

In this paper, we argue that role-confusion is tightly linked with dysregulation of affects, as well as other physiological subsystems. Distortions in the attachment relationship may lead to role-confusion (Lyons-Ruth, Bureau, Easterbrooks, et al., 2013; Obsuth, Hennighausen, Brumariu, & Lyons-Ruth, 2014). Disorganized attachment is one such distortion (Main & Hesse, 1990). Infants with disorganized attachment are thought to experience a paradoxical situation. They naturally look to their attachment figure for comfort and security, but the attachment figure is unable to provide either and may even be a source of fear (Madigan et al., 2006). The parent may see the infant as more powerful and feel helpless to care for him or her (George & Solomon, 2008). Given these parental behaviours, the infant is thought to be in an insoluble conflict between approach and avoidance, and is therefore, unable to use the caregiver as a source of comfort in times of distress. Thus, the attachment system, designed to buffer the infant from stress, breaks down so that the infant remains hypervigilant, fearful, unsoothed, and disorganized (George & Solomon, 2008). As the attachment relationship is geared toward regulating the negative affect of the child, we can speculate that role-confused children experience an absence of regulation of negative affects. In a role-confused dyad, negative affects remain unregulated by the attachment figure. Therefore, a role-confused child would likely experience dysregulated states, where affects (distress, rage, sadness, excitement, etc.) remain unintegrated. To cope with the inadequate soothing responses from their attachment figure, those children develop defensive adaptations that maintain those affects in separate mental “compartments” unintegrated with one another, that Bowlby describes through his theory of defensive exclusion (Bowlby, 1973). The anticipation and expectation of such experiences, which could be experienced as a threat of annihilation, would lead them to try to regulate their environment and their caregiver as a means of regulating their own negative affect (regulating the regulator).

The development of controlling behaviour of either a punitive or a caregiving type toward their parent (Main & Cassidy, 1988; Wartner et al., 1994) can be seen as a strategy, whereby the role-confused child learns to regulate
his/her environment, i.e. to meet his/her parent's needs, in order to have his own needs met. We know that infants have a natural capacity to grasp the state of another (Ham & Tronick, 2009). In capturing the process of role-confusion, beside parental helplessness or neediness, the attunement skills of the infant play an important part. Growing up, role confused individuals have learned to modify their own behaviour and contain the experience of their own affect in order to protect or regulate the other. Doing so, they have learned important social skills related to nurturance and responsibility (Boszormenyi-Nagy & Krasner, 1986; Jurkovic, 1997). But at what price? Clinicians often describe how difficult it can be for children and adolescents suffering from role-confusion to develop friendships on reciprocal terms. These children often feel that they do not “fit in.” As adolescents they might complain about being “used” but still continue to overextend themselves socially (Jurkovic, 1997). Few other studies have also examined the relations between child or youth self-reports of role-confusion and maladaptive outcomes for the individual, including low academic and professional achievements (Castro, Jones, & Mirsalimi, 2004).

In our clinical experience with adults who function in a caregiving role as children, we often observe the feeling that relationships are burdensome. The role-confused child as an adult has an inclination to take care of others, accompanied by feeling that failing to do so will have terrible consequences. They assume that they are solely responsible for the interaction, with the fear of hurting another if there is conflict. Thus, they vigilantly monitor the environment, checking self-expression, and are hesitant in asserting themselves. Role-confused individuals are also more likely to experience shame, perhaps because of their childhood inability to meet the unrealistic expectations they have assumed (Wells & Jones, 2000). Implicit to their concept of how relationships work, is the idea that one person manages the other (Boszormenyi-Nagy & Krasner, 1986).

Assessing Role-Confused Parent-Child Interaction

Concerning parent-child interactions that could be involved in role-confusion, developmental studies of role-confusion have focused on parental behaviours and child behaviours. None have yet studied the parent's representation of role-confusion (Vulliez-Coady et al., 2013).

Based on direct observational assessments in parent-child interaction, developmental studies suggest different dimensions related to role-confusion: parental seductive behaviour toward their child, displayed by intimate physical contact or sensual manipulation, hostile interaction (Sroufe & Ward, 1980), peer-like interaction between parent and adolescent (Shaffer & Sroufe, 2005) and helpless parental stance with their child (Solomon & George, 1996; Solomon, George, & De Jong, 1995). Child-focused behavioural and representational measures, of the extent to which the child directs and controls the parent, either during an observed interaction or in doll-play stories (Cassidy & Marvin, 1992; Macfie & Swan, 2009; Main & Cassidy, 1988; Moss, Cyr, & Dubois-Comtois, 2004; O’Connor, Bureau, McCartney, & Lyons-Ruth, 2011; Solomon et al., 1995), have assessed two forms of child controlling behaviour: controlling-caregiving behaviour, and controlling-punitive behaviour. The former is marked by the child’s organizing the interaction, supporting the parent, and prioritizing the parent’s needs (e.g., child praises and encourages parent). This caregiving type appears similar to the emotional role-confusion assessed in questionnaire studies. The latter is controlling-punitive behaviour, which is characterized by the child demanding the parent’s compliance in a challenging, humiliating, or defying manner (e.g., child scolds mother). These behaviours/strategies are considered as a shift from disorganized behaviour with the mother during infancy (Main & Cassidy, 1988; Wartner, Grossman, Fremmer-Bombik, & Suss, 1994). However, not all children who are disorganized in infancy develop controlling, role confused behaviours, and not all role-confusion stems from disorganized attachment (NICHDEarlyChildCareResearchNetwork, 2001).
Assessing Parent's Representation of Role-Confusion

Understanding role-confusion in parent-child relationships requires assessing the interaction as a whole and taking into account the perspectives of both the role-confused child and the parent. However, so far, role-confusion has been assessed primarily, either by self-report or by observational measures of the role-confused child/adolescent/young adult, but rarely by taking into account the parent's perspective. Tapping maternal strategies to cope with parenting, and more specifically caregiving, can help us understand how it shapes the interaction with the child.

Over the past three decades, several interviews have emerged to assess how parents think about their relationships with their child, though these have been used primarily for research purposes (Mayseless & Sharf, 2006). Bretherton and her colleagues developed the “Parent Attachment Interview (PAI)” for mothers of toddlers and pre-school children. The PAI focuses on the parent's attachment experiences with a specific child, their thoughts and feelings regarding attachment issues, and assesses sensitivity and/or insight concerning the parent’s relationship with the infant (Bretherton, Biringen, Ridgeway, Maslin, & Sherman, 1989). Concurrently, Aber and his colleagues (Aber et al., 1985) developed a somewhat similar interview, the “Parent Development Interview (PDI)” in which three general dimensions are assessed: parental representation of their own affective experience, parental representation of their child’s affective experience and parenting state of mind. The PDI has been used and modified by others (Button, Pianta, & Marvin, 2001; Mayseless, 2006; Solomon et al., 1995; Zeanah & Benoit, 1995). Of these, only Mayseless and Scharf’s (Mayseless & Sharf, 2006) coding system includes a scale for role-confusion, but no findings have been reported specifically related to this scale. Most of these scales tend to capture maternal representations of the relationship more broadly than only attachment issues, but none deeply assess role-confusion (Vulliez-Coady et al., 2013).

To date, the field lacks a more comprehensive evaluation of the multiple components that have been identified across studies as contributing to the construct of parental role-confusion. These components include the above-mentioned constructs of parental helplessness and seductive behaviour, the self-referential behaviour described by Lyons-Ruth et al. (Lyons-Ruth, Bronfman, & Parsons, 1999), the parent’s need for emotional support from her child (e.g. Bifulco et al., 1994), the parent’s expressions of vulnerability to her child, the parent’s need for instrumental support from her child (e.g. Bifulco et al., 1994), and parental peer-like behaviour toward the child (e.g. Shaffer & Sroufe, 2005). Thus, a coding system that brings together these multiple facets of parental role-confusion may provide a more comprehensive assessment of this complex construct.

The current paper adds to the literature by presenting a method to assess, specifically, the parent’s internal model of role-confusion. Details of the results of the validation against other role-confusion measures have already been published (see Vulliez-Coady et al., 2013). Within this framework, the present study adopts a narrative perspective and analysis to explore mothers’ representations. This inquiry aims primarily to inform and enrich counselling theory and practice, taking into account parental experiences and issues. The main objectives are to present our Parental Role-Confusion Coding Scale and to give qualitative data about indicators of role-confusion. We aimed to familiarize counsellors and therapists with how to listen for indicators of role-confusion in talking with parents about their relationship with the child.
Method

Participants
The current study included 51 dyads of mothers and young adults aged 18 to 23 from an original cohort of 76 families who were participants in the Harvard Family Pathways study, in Cambridge, Massachusetts, USA; a longitudinal study of the impact of social risk factors on child development from infancy to adulthood. For the 51 mothers in the current analyses, 61% (N = 31) of family incomes were below 200% of the federal poverty level, 51% (N = 26) were single-parent families, and 40% (N = 21) of the mothers had not completed high school. In addition, half of the mothers, 49% (N = 25), were referred, during infancy, by community service providers to clinical parent–infant home-visiting services due to concerns about the quality of their care for the infant; the other half were mothers from the community who were matched to referred mothers on education and income, but did not have problems in caregiving. Youth in the study were predominantly Caucasian (71%), with a minority representation of Latino (2%), African American (11%), and biracial (16%) youth (for more details about the study, see Vulliez-Coady et al., 2013).

Procedure
The mothers were interviewed with the Experiences of Caregiving Interview adapted by Solomon and George (Solomon & George, 1996) from the Parent Development Interview (Aber, Slade, Berger, Bresgi, & Kaplan, 1985). All the interviews were conducted with the mothers in the laboratory and were audiotaped. They were subsequently transcribed verbatim and coded from the written transcripts, as directed by George and Solomon. Because George and Solomon do not offer training in using the coding system they developed, a coding system for parental Assessment of Role-Confusion (PARC) was developed by Vulliez-Coady and Lyons-Ruth (2009).

Measures

Experiences of Caregiving Interview
Role-confusion of mothers was assessed by an adapted version of the “Experiences of Caregiving Interview” (ECI) by Solomon and George (1996). The ECI is a semi-structured interview designed to guide a parent to discuss the events and emotions associated with being a caregiver to a particular child. Parents are asked how they see themselves as parents and to describe the affective aspects of their experiences as parents of a particular child (e.g., joy, guilt, anger). They then have to list, with supporting examples, five adjectives that capture their relationship with their child, and to describe their experiences coping with attachment-relevant situations (e.g., separation, beginning school). The questions are open-ended and followed by prompts for specific examples. The ECI was initially developed for mothers of 6-year-olds, but also has been used with 11-year-olds, and in the current work, is extended to mothers of 20-year-olds. The interview was used as developed by Solomon and George (1996) and required only minor changes for late adolescence, i.e. two additional questions tapping mothers’ caregiving experiences during their child’s teenage years and their perceptions of changes that had occurred in the relationship as their child became a teenager.

Parental Role-Confusion
The Parental Assessment of Role-Confusion Scale (PARC; Vulliez-Coady & Lyons-Ruth, 2009) was developed to assess role-confusion based on how the parent talks about the relationship with her child on the Experiences of Caregiving Interview. From the literature related to role-confusion that is reviewed above, nine dimensions of role-confusion were identified: 1. parent’s need for emotional support from her/his child, 2. indicators of sexualisation...
in the relationship with the child, 3. equality or inversion of hierarchical position with the child, 4. helplessness in interactions with the child, 5. parent's instrumental and financial need for the child’s help, 6. description of the child being worried about the parent or protective of her/him, 7. parent's explicit expressions of vulnerability to her/his child, 8. self-referential statements when asked to focus on the child, and 9. descriptions of punitive-hostile behaviours by the child toward the parent (see the Appendix for examples).

The PARC coding procedure requires the coder to first identify all textual examples that fit to one of the nine aspects of role-confusion in the coding manual, so that frequency scores are generated for each of the nine dimensions. In making a final rating, however, the coder takes into account not only these frequencies, but also the severity of the examples noted, the pervasiveness of the examples over different domains of the relationship, and mitigating evidence for effective parental functioning, as detailed in the coding manual. Two coders rated the PARC scale on 24% (N = 12) of the interviews and established excellent inter-rater reliability, $r_i = .90$. The coders were naive to all other study variables.

Other negative patterns are noted but not scored in coding role-confusion. These include lack of coherence, compulsive caregiving, lack of relatedness, hostility from the mother, intrusiveness and avoidance.

**Results**

Results about the validation of PARC against observational or self-report measures of the same construct and maternal disorganized attachment have already been published (Vulliez-Coady, Obsuth, & Lyons-Ruth, 2012; Vulliez-Coady et al., 2013). In the present at-risk sample, 35.3% of mothers were rated at 5 or above on the PARC. Here, we will focus on the qualitative results of the study of the indicators of role-confusion in talking with parents about their relationship with the child.

**Using ECI to Identify Indicators of Role-Confusion**

We found that, among all the questions of the Experience of Caregiving Interview, some were more relevant as indicators of role-confusion. We will provide examples subsequently. All of the questions can be easily asked during a clinical assessment.

**What gives you the most joy in being child’s parent? Can you think of a specific example?**

It is assumed that parents cannot expect to receive an approximately equal measure of return for what they give to their children: this relationship should be per se, asymmetrical (Boszormenyi-Nagy & Krasner, 1986). Simple open ended questions enable us to discern if this ethical asymmetry is respected. For example, non-role-confused mothers answered like below:

**Respondent:** Just having him as part of our lives. Just being involved in some of the things he’s involved in and actually, when I step back and see Peter on his own and know that he can handle certain situations and see that he’s being a productive, caring individual and responsible for different things. I even like some of his moral values that I probably didn’t take too much time in thinking about, but have maybe instilled in him. I just love the whole process.

Another example:

**Respondent:** the joy is seeing her grow up into a responsible, you know, young lady.
By contrast, role-confused mothers feel most joyful when they are getting something from the child, either through his/her physical presence, frequent contact, or emotional support.

**Respondent:** I’d have to say just being with her and just seeing how fun she is. And so every time, to be with her, I have to say, that’s given me—definitely, being with her or particularly now that she’s gone, talking to her. It gives me the most joy. It gives me an incredible amount of joy that she’s so reliable. The fact that she’s reliable, gives me a lot of joy.

Or from another mother

**Respondent:** It was just the other day, for example, I was getting the notice of whether I’d won the appeal from eviction and I was afraid to open the letter and he put both arms around me and we opened it together.

**Can you describe a time in the last week (or the last time when you and (child) were together) when you two really clicked? (when you got along really well together?)**

The answer to this question also indicates who is taking care of whom. A non-role-confused mother emphasizes the time spent together and the collaboration. Others have good memories of a good talk, a good laugh, always with a sense of sharing.

**Respondent:** I was concerned that he had to pack up an entire room and wasn’t doing it, and I came home, I had the morning off, and I said, “Let me help you do your closet,” and we went through the closet, and, just worked together really seamlessly and after we finished packing up the entire closet, he just said, “I feel so much better, thank you so much”. It was a real good time.

A role-confused mother, on the other hand, will have a memory of a good time caused by the child making her feel good.

**Respondent:** I didn’t have any money to buy a package of cigarettes so I asked him, can I take some money to get a pack of cigarettes? And he said “yeah.” So he gave me the money, which, that was nice and, and then last night him and his girlfriend came and, and then they like to order out food […] , yeah, he made me feel really good. I felt really good.

**Can you think of an example with (child) that has been painful or difficult? How did you handle the situation?**

An example of a response of a non-role-confused mother:

**Respondent:** Well, I just walked away and told him look, I’m upset with you and, you know, he’s like “don’t talk to me”, I said “you don’t talk to me until you can talk to me, because you’re not talking to me now”. I just like separate it and you know, let it pass and when it’s a good time we talk about these things. And that behaviour’s not acceptable. And I just reinforce it that way. Because when he’s upset, when anyone’s upset like that, you need to give them time to breathe, you know, and get over it and think about what they’re doing.

Unlike this mother, those who experience role-confusion may feel helpless about how to deal with their child, how to communicate with him/her, often withdrawing or abdicating, sometimes with a feeling of fear.

**Respondent:** Nothing really I’d just go hide in my room I mean you can’t really discipline him, he stays in a room go read a book. I mean on the one hand I try to take the TV out of his room and take the games, but I give in right after that though.

Another example:
Respondent: How did I? Till, till he calms down…I just step away. That’s why I kind of step away now when he asks something, cause he doesn’t like the answer.

In analysing these transcripts, we identified two profiles that role-confusion may take; either a helpless or an emotionally needy profile. We will now focus more intensively on these different profiles.

**Role-Confused Mothers Displaying Helplessness**

A helpless mother will describe submission to the child, withdrawing and abdicating in setting limits.

**Interviewer:** What do you do when you’re irritated?

**Respondent:** Usually go hide in my room. There’s not much else I can do.

**Interviewer:** Do you ever feel guilty as Theo’s mom?

**Respondent:** I feel guilty for what’s in the past, but not really now. Sometimes I feel like I learned the hard way- sink or swim. You gotta take care of yourself…because I’m going to leave if I let them get away with everything they do now. I mean they pay their bills but they can do whatever they want nobody else can control them, and they sort of control the house more than I do. So I just, that’s why we all hide in that room upstairs. I hide in my room and just watch my TV.

This helpless attitude toward the child is very often associated with a description of the child being out of control, and/or being punitive-hostile, and/or controlling.

Here is an example with a description of child being out of control:

**Interviewer:** Can you think of a specific example of a time when his temper or frustration made it difficult for you to be a parent?

**Respondent:** Like I said, if I tell him, if he asks me something, and he doesn’t like the answer I give him, he blows up, screams, bangs, booms, and bangs things, and that’s all kinds of things like that. Very bad temper, till he calms down…I just step away.

In the following example child is described as being punitive-controlling:

**Respondent:** We think differently. But I respect his ways, what he thinks. I might not like them all the time, but I do, I respect it, if that’s what he wants to do. Him, well I don’t think so he even tells me: ‘don’t ever think you gotta get a boyfriend, no, or bring a guy into the house or anything like that.’

**Interviewer:** Have there been any experiences that you feel were a setback in your relationship with Michael?

**Respondent:** Yeah. There’s been, there’s been a lot of that.

**Interviewer:** Can you explain it?

**Respondent:** Once in a while I go out, you know. I know I shouldn’t go out. I don’t know what to do with myself sometimes. I like to go out, have a couple drinks. I can’t drink. Two drinks I’m underneath the table. I can’t drink. And he, he hates that. He hates it. He doesn’t like to see me drink. That’s, that’s a setback to him. He doesn’t like it. He can’t stand it. So I haven’t been going out.

The helplessness of the mother is often associated with a punitive-controlling stance by the child, but it is not always easy to discern how they interact. Here, we see how a mother understands it.
**Respondent:** I think he knew what was expected of him, and I’m upset that he wanted to push that limit. Why are you fighting me? Why would you want to make me mad? To make sure I still have that fight in me? I swear sometimes, that’s why he does it. Just to make sure I’m not going to crumble under somebody’s feet, because they’ll go at me sometimes and then like I’ll get feisty and I’ll start swinging at him or messing with him. And he’ll laugh. You know, I can see the glee in him. It’s not just a laugh because I’m messing with him, it’s a laugh, like, “A-hah, there she is.”

This powerful example illustrates what is behind the child’s punitive stance. It can be a way of taking care of the mother, by eliciting some vitality in her. Other children respond to parental abdication by seeking to maintain the parent’s attention and involvement through meeting the parent’s needs. Studies have shown that these controlling behaviours are an ultimate attempt to meet the parent’s need, in order to then be loved and protected (Lyons-Ruth & Spielman, 2004; Macfie & Swan, 2009; Solomon & George, 1996). However, it remains unclear why some children respond to the parent’s incapacity in a controlling-punitive way rather than in a caregiving way. It is likely that the parent’s clear anxiety and incapacity subtly pressures the child for attention, care, and direction. In this example, we can infer that the child has sensed a clear vulnerability in his mother as he controls her in such a way. Other children will control their mothers by reprimanding them, by leading them in some way in their life, or by insulting them. We also know that these strategies are seen in children with disorganized attachment (Lyons-Ruth et al., 1999).

**Abdication of the Parental Role**

The most predictable and often intense role-confused profiles concern mothers who abdicate their role in parenting for different reasons, such as in a context of drug abuse, poverty and psychiatric disorders. More or less consciously, they consider their children as a parent or friend.

Here is an extract from the interview of a mother who was struggling with her addiction before her child was born and only was able to take care of her child inconsistently. Even if she rewards her child for support, she is not conscious of the pressure she puts on him/her.

**Interviewer:** Can you think of an example with Julia when you felt joy?

**Respondent:** Yeah, when I came home from the hospital, the first time, two or three years ago. And she had changed my whole apartment around for me, and tidied it up even more than I usually do.

**Respondent:** Well we, check on each other you know? Like sometimes she plays the mother of me.

**Interviewer:** Can you give me a recent example of something like that?

**Respondent:** I needed to be hospitalized after September 11th. I quit my job, and I had—my doctor told me to stop taking all my medication, and things were on haywire at home. I was alone most of the time, except for Ted visiting me once in a while. And he was acting very scared of me.

**Interviewer:** And how did Julia behave?

**Respondent:** Julia came to my rescue and got me to a hospital.

**Interviewer:** What do you hope the relationship will be like between you and Julia in 5 years from now?

**Respondent:** Well we’re more like—we’re more like, getting to be like sisters.

What seems common to these abdicating mothers is the absence of an integrated sense of their separable roles as an individual with attachment needs and as a parental caregiver. An internalized integrated sense demands
a dynamic equilibrium and the possibility of switching from one role to the other as the child’s needs arise. For some, this switch is almost never possible. For others, it can be done depending on the context, on the emotional state of the mother, or on the distress of the child. Abdication of parenting reflects an extreme degree of helplessness. Nevertheless, the extent of helplessness can vary greatly. Initially, we thought that we would find helplessness more often associated with needing emotional support. However, we found that helpless mothers are quite different from the emotionally needy ones.

Role-Confused Mothers Needing Emotional Support From the Child

Identifying this profile might require more discernment, especially when hidden by an imposing compulsive-caregiving on the mother’s part. These mothers are neither withdrawing nor abdicating their parental role. Nevertheless, they do communicate another type of helpless attitude toward the child, describing him/her as unrealistically important. As with the helpless profile, we find different levels of need for emotional support, from needing frequent contact, to mothers describing their child as being protective towards them. When role-confusion is not too intense, some mothers are able to maintain their role of caregiver and may help their children cope with some challenges. However, if distressed, they will turn to the child for emotional and/or instrumental support. An example of a mother clearly expressing needs for both the physical presence and emotional support of the child follows.

**Interviewer:** Do you ever feel really needy as her parent?

**Respondent:** You mean like she has to take care of me, all the time or? Yes, at times I do. Like when I’m not feeling good or something, like she’s helped me like that time when I had the virus she had taken me to the hospital I mean, she’s always good for that, always makes me feel good like. She’d do anything, like she came 3 or 4 times back and forth to the hospital to see how I was you know, ready, or, how I was making out, she was very caring.

**Interviewer:** Are there other times you know, say not when you’re sick, you know, that you have that feeling of you needing?

**Respondent:** Yes, because I can never get enough of her like. Like she’ll ask ma do you want a pizza, do you want to order out, or you know, I get certain things that you know make me feel needy of her, like not depending on her, I don’t know, I think there’s a difference. I think I do kind of, yeah, I depend on her person, I don’t know if that makes any sense but, I need that for my own self I’m saying.

**Interviewer:** Can you think of an example of a time when you needed something?

**Respondent:** Like, I need her, if I want to talk and feel comfortable, I can always count on her like that’s when I feel really good, like say I’m having a bad day, and she can just hear me out. I try not make too many complaints because I’m not, you know, I try not to be negative you know, even though things can happen, but, that I enjoy, when I need her I think myself. Yes I need to tell her how I feel like about certain things like.

**Interviewer:** And, you used the word “safe” to describe what it feels like to be together, can you think of a specific memory or incident or example of that?

**Respondent:** Yes, like when she’s home from her active day, and when she’s like sleeping or in her room listening to her own. I feel safe when I’m home with her. Like I feel more safe. I feel good like, safe, yeah. Because when she’s not home I don’t like it. I don’t feel safe.

Or from another mother:

**Interviewer:** Can you think of a recent example of a specific time, when you felt joy?
Respondent: We decided that, you know, it’s really hard with so many of the kids having gone, one of the ways to make her not gone was to ask her if every Tuesday at 7:00 we’d have family night. So we’d gather round the speaker phone and you know, talking to Judith at the same time. So I think it was last week…it was 7:00 and she didn’t call and I was absolutely devastated. I’m sitting at the telephone. I’m thinking they forgot it was family night. I’m devastated, I’m standing here and I’m crying and I’m like so beside myself and at 8:00 she called and it turns out that she sent me an email telling me that she was at the gym and that she would be back at 8 or late. Ok, you know, she was really, she was incredibly responsible for that.

In these transcripts, role-confusion is sometimes disguised by overprotective and solicitous parental behaviour. West and Keller (West & Keller, 1991) give a similar description of a preoccupied mother who has developed a compulsive caregiving strategy as a way of obtaining care and approval from an undependable caregiver.

High Indicators of Role-Confusion

A few mothers describe their relationship with the child in a sexualized or romantic way, one which we define as more appropriate as a description of romantic partners. Boszormenyi-Nagy and Spark (1973) argue that sexualisation may be developmentally damaging to the child. Studies (Mayseless et al., 2004) have confirmed that idea and found unfavorable outcomes among “spousified girls”. Sroufe and Ward (1980) found such boundary dissolution structured with seductive, or physically intimate interactions only between mothers and their 13 year-old sons.

In our sample of 51 dyads, five mothers described sexualized and romantic interaction with their sons between 18 and 23 years old. For those mothers, this pattern is associated with an important equality or inversion of hierarchical position with their child.

A description of a child in terms as more appropriate to romantic partner follows:

Interviewer: Can you think of an example that illustrates pride, or feeling pride between you and your relationship?

Respondent: Yeah, I like the pride isn’t because, like I say, when he gets up, and he gets, you know, even if he’s not dressed, I like him in his shorts, too, but you know, it’s just, he gets up and I look at him and, I think “This is a man, he will do good. I don’t know why he’s making me wait.

Another example:

Interviewer: What kind of things do you guys talk about?

Respondent: About different people that we know, something with the kids. He’s like the parent that I don’t have with my partner. He’s the other one who has the relationship with the kids. He was the older brother and had to be a stable part of the home, you know. And he accepted that role. I had nothing to do with it, he took it upon himself, I never said anything.

We infer that the pressure on the child to meet his mother’s needs is high and confronts him with having to choose between his own development and romantic life and his mother’s needs. Here, sexualisation is easier to capture:

Interviewer: Can you describe a time in the last week when you and Joseph really clicked?

Respondent: I know we were horsing around on his bed. I don’t know what we were joking on in God’s name. I don’t know, we were definitely within the last week, we were laughing, kind of like rolling on his
bed, and stuff like that, we were just getting a kick out of something. We just both thought it was funny, and it was trivial.

**Discussion and Implications for Counselling and Psychotherapy Practice**

Understanding role-confusion in parent-child relationships requires assessing the interaction as a whole, taking into account the perspectives of both the role-confused child and the parent. The present study adopts a narrative perspective and analysis to explore mothers’ representations. Narrative research inquiry can be conceived as being on a continuum with the type of knowing involved in counselling practice when we listen for meanings and patterns in what clients say about themselves and their lives (Hoshmand, 2005). Assessing a mother’s internal model of role-confusion, how it is expressed and shapes the interaction with the child, emerges as a powerful tool for studying maternal strategies to cope with caregiving. However, the literature on such mothers has taken the form of general descriptions or case-reports. In this inquiry, the interview data provides an opportunity to examine role-confusion in greater depth with mother’s representation of a specific child.

What we did not expect is how easily these mothers express their needs or their abdication, even if it is inappropriate for the child, when asked to give examples. We wonder how is it, that they express it so freely. One possibility is that a past of having their attachment needs unmet causes these mothers to still focus on them; that it seems “natural” either to seek support from the child or to be under the child’s control, as if the child were a parent. Given these unmet needs, they are likely to respond inadequately to an infant’s attachment cues. A lack of reciprocity is another common dimension in these two role-confused profiles, as is the absence of internal models of balanced and structuring nurturance.

However, despite this common root, these mothers interact differently with their children. In our sample, helpless mothers who have abdicated their parental role and/or describe their child as being in control of the relationship, have a polarized internal working model: controlled versus controlling, asserting limits in a domineering way versus failing to set limits, with the child in control. These mothers may have developed a coping strategy of dissociating from their own affective life and withdrawing from closer emotional contact with others. They seem to have less capacity to manage affect, their own and that of their child. Their anxiety and fear of close emotional contact and the conflicted and unintegrated behavioural tendencies engendered, must be registered by their children. The latter will gradually develop either caregiving strategies or punitive/coercive strategies to maintain emotional contact with their parents (Lyons-Ruth & Spielman, 2004). Some authors suggest that they identify with a victimized attachment figure and may describe their parents in the same way as their children. The maternal experiences are more varied than explicit abuse.

Emotionally needy mothers are described as enmeshed, with little self-differentiation (Jurkovic, 1997; Jurkovic, Jessee, & Goglia, 1991). Sometimes their resentment is disguised by overprotective and ‘devoted’ behaviour toward the child, making it more difficult to capture. In these cases, the overprotective behaviour can ensue from their own experience with their caregiver when they have had to suppress their attachment needs to seek proximity with their parent. They are likely to have felt that their own attachment behaviours evoked distress in their parents. Thus, their representational model of relationships is of an unintegrated mix of tendencies to give care and to control their own attachment needs and emotions, but it is still stained with anger and fear of abandonment.
Finally, although these two profiles can sometimes overlap, the treatment frame may be different. To take these differences into account might prove especially helpful in the case of the design and implementation of counselling interventions aiming at the development of a more balanced mother-child relationship (Issari & Karayianni, 2013).

It is now acknowledged that establishing security in the therapeutic relationship (Bowlby, 1977) and developing new models of balancing the needs of the self and the child is the basis of a parent-child treatment, especially in the context of role-confusion (Bowlby, 1977; Byng-Hall, 2002; Lyons-Ruth & Spielman, 2004; Moretti & Obsuth, 2009; Solomon, 2006).

The therapist’s attentiveness to, and acceptance of the entire range of the affective experiences of the mothers, including their negative feelings about the therapy, offers the possibility of a healing attachment experience, in which differences and negative affects do not lead to attack or psychological abandonment.

From this base of security, which took a long period to establish, they could then begin to explore the meanings of the feelings mobilized in the relationship with their child and develop a more coherent understanding of the constraints on their relationship with the child.

For the helpless mothers, the punitive behaviour of the child and/or the acting out, is likely to be in the center of their preoccupation. They might find it hard to believe that they can have an influence and an impact on the relation with the child. They often withdraw and/or abdicate their parental role. It could be caused by their need to avoid negative affect. Helping them to integrate their attachment memories in a way that allowed them both distance and flexibility in connecting with a broad range of feeling experiences, can create room for openness to a wider range of affective experience. Supporting them to acknowledge, and even comfortably inhabit, the inevitable frustrations and angers of motherhood is important in allowing them to develop beyond her helplessness and resignation.

For the emotionally needy mother, the difficulty will be in helping them recognize the enactment of their own needs. As shown in our transcripts, there is an assertion of their right to receive care from the child. Nevertheless, they experience it as weakening them, thus causing anxiety and fear. They might feel vulnerable and rejected if the therapist emphasizes the child’s needs too early during the therapeutic process. Establishing security in the therapeutic relationship could then take a long time. One of the main counselling goals is to help parents differentiate attachment needs from other emotional communications of their child.

Limitation and Futures Directions

The PARC is a newly developed scale, and our sample size was modest, so these findings need replication. In addition, maternal role-confusion as assessed on the PARC was related to overall socioeconomic risk in our at-risk sample. Replication is particularly needed in lower risk samples where stability in role-confusion over time may be reduced by protective factors. Future work evaluating the prevalence of serious role-confusion in normative samples is needed. Also, the study was conducted in the US and it will be interesting to assess role-confusion in a different context. We may have found different profiles of role-confusion, but as far as we know, no studies have compared US and European Role-confusion expression.

The other major limitation of this study, is that it does not take into account the whole dynamic of the interaction. The outcome of the child is under the influence of other factors which depend on the child itself, on the family system, on the marital relationship, on external influences (cultural, religion, etc.). Contextual risk may be an im-
important moderator of the effects of role-confusion. Because one pathway to role-confusion originates in disorganized attachment, cumulative contextual risk is relevant. Indeed, stressors associated with socioeconomic risk moderated links between attachment disorganization and later maladaptation (Belsky & Pasco Fearon, 2002; Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010). For example, Belsky and Pasco Fearon (2002) found that the outcomes of children aged 36 months, assessed as disorganized when they were 15 months, varied as a function of cumulative contextual risk. In addition, disorganization at 15 months predicted externalizing behaviour from 1st to 6th grade, but only among boys at high socioeconomic risk (Pasco Fearon & Belsky, 2011). In lower risk environments, adequate buffers may be available in the family and community to compensate for role-confusion and prevent maladaptive behaviour and psychopathology. In contrast, in high-risk environments a positive parent–child relationship may be more critical to helping the child regulate stress, so that parent–child role-confusion does not lead to emotional dysregulation and negative outcomes.

Secondly, we did not find that the extent of maternal role-confusion was related to child gender; therefore, both boys and girls appear to be equally exposed to pressures of taking on undue responsibility for parental functioning. Based on Shaffer and Sroufe (2005), however, there may be qualitative variations in the types of maternal role-confusion shown in relation to males and females, with mothers of males more likely to become involved in seductive behaviour and mothers of girls more likely to assume a peer-like role. Future work in larger samples might explore the possibility of gender-related subtypes of maternal role-confusion.

We did not explore father’s representations of role-confusion. Parent’s marital relationship (Zeanah & Klitzke, 1991) is more commonly explored to understand role-confusion than the father-child relationship by itself (Jurkovic, 1997). Nevertheless, the role of fathers and the degree of involvement in their children’s lives is changing in Western countries (Bretherton, Lambert, & Golby, 2006; Parke et al., 2002) and it might need to be taken it into account.

Although, in the current work, the ECI was administered to parents of late adolescents, the interview and coding scale used here would be appropriate for use with parents who have children of various ages, with only minor modifications. The ECI was initially developed for mothers of 6-year-olds, but also has been used with 11-year-olds, and in the current work is extended to mothers of 20-year-olds. The interview was used as developed by Solomon and George (1996) and required only minor changes for late adolescence. Because mothers are asked to talk about the overall relationship with their child, they often cite supporting examples from across the child’s development in the interview. In further support of the likely relevance of the PARC scale to mothers of younger children, Crawford and Benoit (2009) applied a coding system for disrupted parenting representations, including coding for role-confusion, to a similar interview, (the Working Model of the Child Interview), administered before the birth of the child. They found that disrupted parenting representations assessed prenatally predicted important attachment-related outcomes at one year, including infant disorganization, maternal unresolved state of mind on the AAI, and mother’s disrupted interaction with her infant. While they did not explore predictions from role-confusion alone, their work, nevertheless, indicates the viability of using such interviews to identify parents and infants at risk prior to the infant’s birth.

Identifying children at risk for the development of controlling, role-confused interaction patterns should facilitate intervention to change pathways toward both internalizing and externalizing behaviour problems in childhood, as well as pathways associated with impulsive, self-damaging behaviour and suicidality in late adolescence.
Conclusion

Given the potential adverse consequences of role-confusion, it is important to illuminate its causes, consequences and possible remedies.

The use of the maternal role-confusion scale for parents of children aged six to young adulthood, yields rich information that may be useful clinically for both assessment and intervention. It adds dimensions not captured in conventional assessments in a narrative way. Treating parents’ stories and representations is a valuable resource for counsellors, therapists and school counsellors as a way of telling about one’s life and as a method or means of knowing (McLeod, 2013; Mitsopoulou & Giovazolias, 2013).

We recommend that practitioners encountering role-confusion in parent-child relationships, differentiate among the different forms that role-confusion may take and orient their therapy accordingly.

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Competing Interests

The authors have declared that no competing interests exist.

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References


Appendix

Dimensions Contributing to the Parental Assessment of Role-Confusion Scale

1. Parent’s need for emotional support from her/his child

   Ex: The most joy of being (child’s) parent? I am happy when she is reliable, when she talks to me, when she gives me gifts…

   Ex: I felt that at his age he should have been able to recognize that I was a good mother, that I- I had brought on a lot of heartache, made a lot of sacrifices, but he didn’t see that.

   Ex: I’m thinking of what his sister put me through, I really must be a terrible a parent. He said, fine if you were, don’t you think I would be the same way? He always- he made me feel good about myself.

2. Indicators of sexualisation/spousification in the relationship with the child

   Ex: We were horsing around on his bed, we were definitely clicked within the last week, kind of like rolling on his bed…

   Ex: He’s like the parent that I don’t have with my, my partner. He’s the other one who has the relationship with the kids.
3. Equality or inversion of hierarchical position with the child

Ex: I know he’s got his own life and he works hard, but he still does things that he’s supposed to do like come food shopping with me because sometimes I have a hard time, I put two of the same things on there if it’s on sale and he’ll take one out. I have a very hard time at the supermarket. He helps me get through it.

Ex: It’s just the attitudes sometimes, it feels like I don’t know very much at all, like he’s putting me down because I know they’re all smart…

Ex: If you got something to say, say it straight out. Don’t worry about hurting my feelings, because you already have.

4. Helplessness in interaction with the child

Ex: When he loses his control, I don’t like it…. Banging walls and punching things, that’s not, that makes me very angry. Okay so how, how do you handle your angry feelings? No, I don’t. I go into my room and close the door. I stay in my room.

Ex: I kinda stay out, I think he’s got to make his own decisions… I mean, what can I do? I, I stay out of it. We all have to learn, you know?

Ex: I mean they (her children) pay their bills but they can do whatever they want, nobody else can control them, and they sort of control the house more than I do. So I just, that’s why we all hide in that room upstairs.

5. Parent’s explicit expressions of vulnerability to her/his child

Ex: I told him not too long ago: “what you don’t understand is I am a clinically depressed person. And I am trying to pay attention to what’s going on, but I don’t always see and hear everything that’s put right in front of me. My mind is honestly somewhere else. You know if I am missing something, please let me know”

Ex: They’re not allowed to tell me. Because then I jump up and go crazy. Start screaming and yelling.

6. Parent’s instrumental and financial need for the child’s help

Ex: an example of him being a good kid: all the times he used to go get my prescriptions at the drugstore.

7. Description of child being worried about the parent or protective of her/him.

Ex: When (child sees me become timid, it bothers him, and I see he tends to get on me more often when I’m timid. If I’m more boisterous and bold, he’s more smiley, because I think that’s where he concerns himself with how am I going to take care of myself? You know, so he worries about me.

8. Self-referential statements when asked to focus on the child

Ex: example of him being a good kid: I’d have to play with him all the time because there was nobody for him to play with. And then when we decided to put him in pre-kindergarten, I used to cry and I used to chase the bus up the street.

Laughs. I used to cry. I used to play all the time.

Ex: He’s always been pretty independent. Um, I can tell you that I don’t like it.
9. Descriptions of punitive-hostile behaviours by the child toward the parent

   Ex: She blames a lot, everything I did for her was not good.

All names were changed to protect confidentiality.

**Experiences of Caregiving Interview: Clinical Version**

When you think about your relationship with (child), could tell me what gives you the most joy in being (child's) parent? Can you think of an example with (child) when you felt joy?

Now if we think about just the past week, can you describe a time in the last week when you and (child) really clicked? Can you tell me about that (the incident)? Why do you think that really worked well? How did you feel about it?

When you think about your relationship overall, what gives you the most pain or difficulty in being (child's) parent?

Can you think of an example with (child) that was painful or difficult?

How did you handle the situation?

Now if you think just about the past week, could you describe a time in the last week when you really weren't getting along? Can you tell me about the incident? Why do you think it didn't go well? How did you feel about it?

Have there been other experiences that you feel were a setback in your relationship with (child)? Could you explain how that (experience) was a setback in your relationship?

**Additional questions for parents of teenagers: (Optional)**

How did your relationship change as your child became a teenager?

What year was the most difficult for you of the teen years? What do you think your teen was feeling or going through during that year? How did you deal with it?

How did you help your teenager figure out his/her next step(s) after high school?

What did you do that was most helpful? What was not so helpful?